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FACSIMILE TRANSMITTAL SHEET

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TO: Examiner Lee S. Cohen
FIRM/COMPANY: U.S. Patent and Trademark Office – Mail Stop Amendment
FACSIMILE NUMBER: 703.872.9306
CONFIRMATION TELEPHONE: 703.308.2998
FROM: Anne Marie Leavy for Edward J. Lynch
DIRECT DIAL: 415.371.2217
DATE: August 2, 2004
USER NUMBER: 9070
FILE NUMBER: Docket No. R0370-02300
TOTAL # OF PAGES: 69
 (INCLUDING COVERSHEET)

MESSAGE: Attached is an Amendment in Response to the Office Action
 mailed 4/01/2004 and Declaration in connection with application
 Serial No. 09/847,181 - Filed May 1, 2001.

Please confirm receipt of this facsimile.

NOTE: Original will NOT follow

CONFIDENTIALITY NOTICE

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of *Hill et al.*

For: **HELICALLY SHAPED**
ELECTROPHYSIOLOGY CATHETER

Serial No.: 09/847,181

Filed: May 1, 2001

Atty. Docket No.: R0370-02300

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CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8
I hereby certify that these papers are being sent by facsimile to (703) 356-4306 addressed to Examiner Lee S. Cohen, at Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22314-1450, on August 2, 2004, in San Francisco, CA.

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application is an Amendment in Response to Office Action Mailed 04/01/2004, and Declaration under 37 CFR §1.131.
 2. Claim Fee Calculation
 No additional claim fee is required.
 Amendment increases number of claims or multiple dependencies.

Additional Claim Fee Calculation

Description	Page No.	Claims	Excess	Reduced	Fee
Independent Claims	2201	3 - 5 =	0 x	\$43=	\$ 0
Total Claims	2202	27 - 32 =	0 x	\$9=	\$ 0

Total Fees Due.....\$ -0-

3. Additional fees: Request for Extension of Time for one (1) month from July 1, 2004 to August 2, 2004 (since August 1st fell on a Monday) pursuant to 37 CFR §1.17(a)(1). \$55.00

4. Payment of Fees
Enclosed is a check for the total fees due in the amount of ____.
 The Commissioner is authorized to charge any additional fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0370-02300.
A duplicate copy of this document is enclosed.

By Edward J. Lynch
Edward J. Lynch
Registration No. 24,422

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